

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N34274 (3)
1. Corporation Name
UPPER ST. JOHNS FOOD PRODUCERS ASSOCIATION, INC.

Principal Place of Business
**6254 KEMPFER ROAD
ST. CLOUD FL 34773**

Mailing Address
**6254 KEMPFER ROAD
ST. CLOUD FL 34773**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

3. Date Incorporated or Qualified 09/20/1989	Applied For Not Applicable
4. FEI Number 59-2968516	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

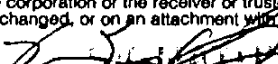
9. Name and Address of Current Registered Agent KEMPFER, BILLY 6254 KEMPFER ROAD ST. CLOUD, FL. 34773	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEARY, PATRICK	1.2 NAME	
STREET ADDRESS	7735 S.R. 512	1.3 STREET ADDRESS	
CITY-ST-ZIP	FELSMERE FL	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	KEMPFER, BILLY	2.2 NAME	
STREET ADDRESS	6254 KEMPFER RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CLOUD FL	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SARTORI, JIM	3.2 NAME	
STREET ADDRESS	3100 N. RIVERSIDE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	3.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	PLATT, CARLYLE	4.2 NAME	
STREET ADDRESS	2200 SIMON RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	TUCKER, ANDY	5.2 NAME	
STREET ADDRESS	4115 S. FISKE BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **BILLY KEMPFER** 4-7-98 407/892-1169

CR2E037 (10/97)